

that Congress laid on the administration, it was not measured against what the Senate or the House felt we needed in ammunition, it was measured against what the administration itself analyzed that we needed to be able to fight the so-called two regional contingency conflict. That is the kind of conflict where we might get involved in a Desert Storm operation against Saddam Hussein, or we might have a Kosovo operation, and, at the same time, the North Koreans, for example, might take advantage of that and try to come south on the peninsula, so American forces might have to deploy to two different areas of the world. We feel that to be safe and to give our service people the best chance of returning alive, we need to have the equipment, the ammunition and the capability of handling those two conflicts at about the same time, because it could happen. Well, that \$3 billion ammunition shortage that General Shinseki spoke about is with respect to the two MRC contingency.

So let us rebuild national defense. Madam Speaker, I think help is on the way.

PROVIDING HEALTH CARE ASSISTANCE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Texas (Mr. GREEN) is recognized during morning hour debates for 5 minutes.

Mr. GREEN of Texas. Madam Speaker, let me follow my colleague. It is interesting though if our armed services are in such bad shape, they have received more funding every year, and it has passed overwhelmingly. In fact, we have a lot of appropriations bills that have not been sent to the President yet, but the Department of Defense was the first one and has had the big plus-up every year compared to other Federal agencies.

Madam Speaker, after sitting here and listening to my colleagues this morning talk about it, I heard that the Department of Education could not be audited. Well, when is the last time the Department of Defense was audited successfully?

Madam Speaker, I think that is a good topic for debate, but this House and this Senate and the President signed the Department of Defense appropriations bill, the first one, and it is there, and it passed overwhelmingly on both sides. So I do not think the United States is going to hell in a handbasket on the Department of Defense, because we make sure we try to provide that funding.

Here we are October 30, and Congress is still in session, and we have heard my colleagues blame the President or blame different folks, Republicans. But it is interesting, because next Tuesday the voters all over the country will go to the polls and make some decisions.

Now, they will look at lots of issues, but one of the ones I wanted to talk

about this morning, one of the most major issues, is providing prescription drugs for our senior citizens under Medicare.

Prescription drugs have always been a problem, not just for seniors, but for everyone. When those of us go buy pharmaceuticals for ourselves or our children, we realize how high the cost is. But it seems like in the last 3 years, it has gone up dramatically.

I know senior citizens do not always have the choices we have. Sometimes, if we are working, we can earn more overtime, we can cut some other areas, we can actually increase our income. But seniors do not have that option. Seniors do not have that option, if they are required to take so many prescriptions and they just cannot go out and work more overtime.

I was worried earlier this year, and I am glad the House passed it, that between 65 and 70, I was cosponsor of the bill, let seniors work for those years. I was worried that was only going to be our effort this session, let seniors be able to go out and work and pay for their prescription drugs that are not covered under Medicare.

I know this is my fourth term and in 1993, 1994 and 1995 at our town hall meetings and community meetings, we have dozens every year, we would have one or two people come up and talk about prescription drugs. But in the last 2 or 3 years, it seems like I cannot have a town hall meeting or community meeting without either a senior citizen or someone my age saying, my parents cannot afford it, or even someone my children's age saying, my grandparents cannot afford their prescription drugs.

So, you know, in the early nineties you would only hear one or two, but in the last 2 or 3 years, because it seems like the cost of escalation has been so much, and it hits seniors so much more than it does anyone else.

We asked 2 years ago, and our Committee on Government Reform staff, the minority staff, actually conducted studies around the country for a lot of members of Congress. One of them they did in my own district in Houston, and we did three of them starting about 2 years ago.

One, we compared prices for large purchasers, for example, whether it is Blue Cross-Blue Shield or the Veterans, what can they do if the average citizen goes down compared to what the larger purchaser can do. We found out the large purchasers actually save about half of what my seniors going to their local drugstore would pay as compared if they could get it through some large purchaser.

We also, because I am in Houston, Texas, and it is a 6½ hour drive to Mexico, what it would be for seniors who can drive to Mexico, who can both lower their prices by bulk purchasing, but they have also price controls. So we found out that people can drive from Houston to Mexico and save half, at least, on their prescription drugs.

These are studies conducted not by my office, but by the minority office of the Committee on Government Reform. So, again, seniors could save half.

The last thing we did this last spring is we picked out certain pharmaceuticals that are also used for animals. I remember very well in East End Houston at the magnolia Multipurpose Center, we had a good crowd of seniors there, and we had a young lady, I guess in her early 20's, and she had a beautiful German shepherd.

She had that dog, and we started listing pharmaceuticals that my seniors in Houston take, like seniors all over the country, and animals take. Well, it just so happened this dog, this German shepherd, also had asthma, and so did one of my seniors. She talked about how it was tough.

I looked at that dog and I thought it was a purebred German shepherd, Madam Speaker, but it turned out she got it real cheap at the SPCA, and it was a beautiful animal.

But this senior citizen came up and said, I know this dog has asthma, and this is what I pay for my asthma medicine, and it was outrageous. Again, it was more than double for seniors as compared to what we do for our own animals.

That is why it was frustrating that this House has not addressed it, except for one bill that passed earlier. We compare the House plan and the Democratic plan and Governor Bush's plan and the House plan, and it just looks like it is giving more money to insurance companies who, under our current HMO system are not even covering seniors.

Madam Speaker, I know next Tuesday a lot of people, no matter what their age, will go to the polls. I know prescription drugs are important, and I hope they look at the Democratic plan.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 10 a.m.

Accordingly (at 9 o'clock and 45 minutes a.m.), the House stood in recess until 10 a.m.

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PEASE) at 10 a.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

At the beginning of a new work week, Lord God, be with us. Fill us with a freshness and a renewed energy as we face the tasks here set before us today.

May our minds be bathed in the light of Your spirit and our hearts be set free to discern clearly the ways of justice and integrity.

Bring to this Nation a true sense of purpose as it interprets the signs of the